

Application for Hyperbaric Medicine Training Course Approval

No reference may be made to the NBDHMT or its accreditation system prior to actual notification that course has been approved. Do not state "approval applied for," or similar words during your course preparation. Printed publicity for a course granted approval by NBDHMT should be presented in the following form: "THIS COURSE HAS BEEN REVIEWED AND APPROVED BY THE NATIONAL BOARD OF DIVING & HYPERBARIC MEDICAL TECHNOLOGY AS AN INTRODUCTORY COURSE IN HYPERBARIC MEDICINE."

National Board of Diving & Hyperbaric Medical Technology
9 Richland Medical Park, Suite 330, Columbia, SC 29203 USA
Phone: (803) 434-7802 Fax: (866) 451-7231
Email: nbdhmt@aol.com
www.nbdhmt.org

Promotion of non-IRB or non-medical grant research "off-label" treatments is grounds for application rejection.

Title: _____

Date(s) of Course: _____ Credit Hours Requested: _____

If the program is to be repeated or regularly scheduled, please list all scheduled dates for the calendar year

Location(s) of Course: _____

Responsible Organization: _____ Program Director: _____

Contact Person: _____ Telephone: _____ E-mail: _____

Address: _____

The Board reserves the right to audit the initial offering and at any other time circumstances warrant.

A minimum of 60 days' notice of the initial offering is required, for submission assessment and audit planning.

Submit the Following: Please provide the following in electronic version; however in some cases a hard copy may be requested.

- | | |
|--|---|
| <input type="checkbox"/> Speaker C.V.'s | <input type="checkbox"/> Speaker critiques |
| <input type="checkbox"/> Related Disclaimers and any potential conflicts of interest | <input type="checkbox"/> Course critique |
| <input type="checkbox"/> Course outline (topic, timeframe, presenter) | <input type="checkbox"/> Examination and answer key |
| <input type="checkbox"/> Course Manual | <input type="checkbox"/> Sample certificate of completion |

NOTE: PRIOR APPROVAL IS REQUIRED SHOULD A CHANGE IN FACILITY OR CURRICULUM GREATER THAN 10% OF AN APPROVED COURSE BE PLANNED.

Course Application Fee

- \$250.00 for 1 Year approval period \$375.00 for 2 Year approval period
 \$500.00 for 3 Year approval period

Payment

Check or Money Order payable to NBDHMT Credit Card Visa Mastercard

Card Number: _____ Expiration Date: _____ CVC _____

Cardholder Name: _____ Zip Code: _____

For Office Use Only:

_____ The above listed course is provisionally approved as an introductory course in hyperbaric medicine.

_____ The above listed course is approved as an introductory course in hyperbaric medicine.

_____ The above listed course is provisionally approved with required changes listed in the attachment.

_____ The above listed course is not approved. Reason(s) listed in the attachment.

Approval Signature: _____ Date: _____